

## DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH CHILD CARE FACILITY INSPECTION REPORT

			PECTION REPORT		
Regular Follow-Up Complain Investigat Other:	tion RATING	Inspection Date: 3/30/14 Time In/Out:	ESTABLISHMENT NAME: ABC SOUTHERN PRE- OWNER/OPERATOR: PAULINU ARLENE T LOCATION: TALUFOFO CC	ment Type:	25 BRY Expired
The fe	ollowing items identif n or sooner as the De	y violations found this da epartment indicates. Non	y in the operations and facilities which must b -compliance may result in downgrading or pe t be submitted before the indicated correction	e corrected	by the next
ITEM*	THE POLLU  NO VIOLATIO  "A" PLA CAMP	INSPECTION U CONDUCTED ON WIND WAS		DEMERIT	CORRECT BY
	BARRED	PLE ON	ABOVE		
				reji engashur	ORTHIAN COMMENT
F					3r 
*Note: cited a (2), (4), (6)	When any of the fabove, they shall be 10 days of this in	ollowing items are e corrected within	n(s) and I am aware of the corrective me Received By (Name & Title):  3/30/6-000 / 000 DEH Inspector (Name & Title):	asures to	pe taken.

Rev: 08/2/05 DEH-06